

# LATROBE SCHOOL DISTRICT EMPLOYEE REPORT OF ABSENCE

For office use only:	
Transaction #	_____
Reason Code	_____
# Hours	_____

## A) Employee:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_ Full Day(s) Half Day # Hours:  
(certificated only) (classified only)

**CHECK ONE:**

- Sick Leave *(circle one)*: Illness    Doctor's Appointment    Other \_\_\_\_\_
- Personal Necessity    Specify: \_\_\_\_\_
- School Business    Specify: \_\_\_\_\_
- Jury Duty
- Bereavement    Relationship: \_\_\_\_\_
- Vacation *(12 month classified employees only)*
- Use of CTO *(12 month classified employees only)*
- Other    Specify: \_\_\_\_\_

FRONTLINE Confirmation # *(if applicable)* \_\_\_\_\_ [<https://www.aesoponline.com>]

Employee Signature: \_\_\_\_\_

## B) Payroll:

Name of Substitute: \_\_\_\_\_

<p><i>If first time in this district:</i></p> <ul style="list-style-type: none"> <li>SSN: _____</li> <li>Member of STRS? Y N</li> <li>If No, Form <b>ES350</b> is required.</li> </ul>
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Substitute Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>Office use only:</p> <p>Substitute teacher for _____ days x \$ _____ per day = _____ salary due</p> <p>Budget Code: _____</p>
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## C) District Office:

Approved:  
 Superintendent/Principal: \_\_\_\_\_ Date: \_\_\_\_\_